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Statement of Rep. Christopher Shays

February 28, 2006

On September 11, 2001 the World Trade Center site became the tragic epicenter of a seismic event still generating aftershocks across our entire nation. We convene in remembrance of those lost, and on behalf of those still suffering, and dying, as a result of the toxic terrors unleashed that day.

The unfinished work of protecting public health in this dangerous era came into painful focus again last year when Hurricane Katrina washed away complacent assumptions about national readiness to deal with large scale disasters. So we also come together to commemorate our fellow citizens who died in the storm and to ask what more must be done to care for those who live and work in the path of cataclysmic devastation.

An 18th Century philosopher reached the sad conclusion we learn from history only that we do not learn from history. We prefer to forget. We want to get on with our lives as soon as possible, to get back to where we were before disaster struck.

But many, suffering long-term health effects from toxic exposures at Ground Zero, cannot forget. Nor should they be forgotten. Recent deaths, and diagnoses of debilitating conditions among 9/11 first responders, serve as painful reminders of the enduring duty to acknowledge the wounded, ease their suffering and learn the lessons their hard histories teach.

When the Subcommittee convened in New York City in 2003, we heard testimony about a disjointed patchwork of federal, state and local health programs meant to address unique 9/11 health impacts. First responders and federal employees who answered the call were falling into bureaucratic crevices between those special programs and regular health care and workers compensation systems ill-equipped to diagnose, treat or compensate the delayed casualties of the September 11th attacks.

Today it appears the public health approach to lingering environmental hazards remains unfocused and halting. The unquestionable need for long term monitoring has been met with only short term commitments. Screening and monitoring results have not been translated into timely protocols that could be used by a broader universe of treating physicians. Valuable data sets compiled by competing programs may atrophy as money and vigilance driving 9/11 health research wane.

This unhappy history warns we are not yet prepared to do essential public health assessments after mass casualty events - natural or man made. The lack of any baseline measurement protocols in the wake of Hurricane Katrina suggests the response to the next disaster may be yet another rudderless, *ad hoc* scramble.

Last week, the White House report on Hurricane Katrina recommended federal agencies be prepared “to quickly gather environmental data and to provide the public and emergency responders the most accurate information available, to determine whether it is safe to operate in a disaster environment or to return after evacuation.” Those charged with implementing that recommendation should study the history of the 9/11 programs as a cautionary guide to lessons still unlearned and mistakes that should not be repeated.

We asked our witnesses to discuss how the federal investment in World Trade Center health programs has been used, and how those efforts can be better coordinated and more sharply focused. We asked them to tell us what we have learned – for good or ill – about responding to the health effects of sustained toxic terrorism. We value their perspectives, we appreciate their expertise and we look forward to their testimony.